



Request for Change of Program

McGill University
School of Continuing Studies
Admissions & Convocation
688 Sherbrooke St. West, Suite 1125
Montreal, Quebec H3A 3R1
Telephone: (514) 398-6161; Fax: (514) 398-2649
e-mail: admissions.conted@mcgill.ca

Student Number: _____

Student Name: _____
(LAST NAME/First Name)

Telephone No. (Home): _____ Telephone No. (Business): _____

E-mail: _____

I hereby request a **CHANGE OF PROGRAM** **TERM/YEAR:** _____

From: _____
(Original program applied to)

To: _____
(Desired program)

Brief Explanation:

(Student's Signature)

(Date)